



**Office Use Only**

**Processor #** \_\_\_\_\_

**District** \_\_\_\_\_

**Grape Growers of Ontario  
Processor Registration Form**

**Company Information:**

Company Name:		
Mailing Address:		
City:	Postal Code:	Phone Number:
Fax:	Website:	Company Email:

**Primary Contact:**

Name:	Title: (ex. Owner, manager etc)
Phone/Cell:	Email:

**Secondary Contacts:**

Name	Title	Phone	Email

Please complete the entire form and return by mail, fax or email. When this information is received, we will contact you with your processor number.

**GRAPE GROWERS OF ONTARIO**

P.O. Box 100  
Vineland Station, ON L0R 2E0  
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Fax: (905) 688-3211  
Email: [info@grapegrowersofontario.com](mailto:info@grapegrowersofontario.com)